

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021368

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5751**

STATE FILE NUMBER

FILED JUN 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		c. CITY OR TOWN City Infirmary	
Length of stay in lb over 16 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis State Hospital		d. STREET ADDRESS 5800 Arsenal St. Louis, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ANNA BRAZIER			4. DATE OF DEATH MAY 26, 1963		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/1/05	9. AGE (last birthday) 57	IF UNDER 1 YEAR - IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Alabama	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Hospital Records		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive epidural and subarachnoidal hemorrhage, right. DUE TO (b) Nature of lesions could not be established. DUE TO (c) Laceration of both parietal lobes, traumatic.		INTERVAL BETWEEN ONSET AND DEATH about 10 days	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 330XF	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY		STATE	
21. I attended the deceased from Feb. 5, 1947 to May 26, 1963 and last saw her alive on May 26, 1963 Death occurred at 1:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Anna H. Miller M.D.		22b. ADDRESS 5400 Arsenal St.		22c. DATE SIGNED 5-30-1963	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 1/1963		23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem	
23d. LOCATION (City, town, or county) St. Louis		23e. DATE RECD. BY LOCAL REG. MAY 31 1963		23f. REGISTRAR'S SIGNATURE Loan Smith, M.D.	
24. FUNERAL DIRECTOR F. A. Green		ADDRESS 4214 Delmar		25. DATE RECD. BY LOCAL REG. MAY 31 1963	

See Body 5-30-1963
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1

2

3

4

5

6

7

8

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

80

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2963

P. O. Address 4214 Selman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.